## Case 18-04616 Doc 1 Filed 02/21/18 Entered 02/21/18 10:18:30 Desc Main Document Page 1 of 52

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Sara First name  K. Middle name  Venhorst Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	Sara Sorenson-Venhost	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3289	

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Debtor 1 Sara K. Venhorst

		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):			
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.		☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)		Business name(s)			
		EINs	-	EINs			
5.	Where you live			If Debtor 2 lives at a different address:			
		17833 West Iroquois Drive Grayslake, IL 60030					
		Number, Street, City, State & ZIP Code	-	Number, Street, City, State & ZIP Code			
		Lake					
		County		County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	-	Number, P.O. Box, Street, City, State & ZIP Code			
5.	Why you are choosing this district to file for	Check one:		Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			
			-				

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Debtor 1 Sara K. Venhorst

ar	Tell the Court About	Your B	ankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by</i> f page 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Ba	nkruptcy	
	choosing to file under	■ Chapter 7						
		□с	hapter 11					
		□с	hapter 12					
		□с	hapter 13					
3.	How you will pay the fee		about how yo	u may pay. Typ attorney is sub	pically, if you are paying the fee yo	k with the clerk's office in your local court for nourself, you may pay with cash, cashier's checalf, your attorney may pay with a credit card or	k, or money	
					tallments. If you choose this options (Official Form 103A).	on, sign and attach the Application for Individu	als to Pay	
			I request tha	t my fee be wa	my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may,			
						ur income is less than 150% of the official pov n installments). If you choose this option, you r		
			the Application	n to Have the (	Chapter 7 Filing Fee Waived (Office	cial Form 103B) and file it with your petition.		
9.	Have you filed for bankruptcy within the	■ No						
	last 8 years?	□ Ye						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is							
	not filing this case with you, or by a business partner, or by an affiliate?	□ Y€	es.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No	Go to li	ne 12.				
		□Y€	es. Has yo	ur landlord obta	ained an eviction judgment agains	t you?		
				No. Go to line	12.			
				Yes. Fill out In this bankruptc		Judgment Against You (Form 101A) and file it	as part of	

Case 18-04616 Doc 1 Filed 02/21/18 Entered 02/21/18 10:18:30 Desc Main Document Page 4 of 52 Case number (if known) Debtor 1 Sara K. Venhorst Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

INO.	

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Sara K. Venhorst

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	stor 1 Sara K. Venhorst			Case number	(if known)		
Part	Answer These Quest	ions for Rep	orting Purposes				
16.	What kind of debts do you have?		16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "individual primarily for a personal, family, or household purpose."				
			No. Go to line 16b.				
			Yes. Go to line 17.				
				siness debts? Business debts are debts tment or through the operation of the bus			
			No. Go to line 16c.				
			Yes. Go to line 17.				
		16c. S	tate the type of debts you ow	e that are not consumer debts or busines	ss debts		
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapter 7	C. Go to line 18.			
Do you estimate that after any exempt property is excluded and administrative expenses		aı		o you estimate that after any exempt prop lable to distribute to unsecured creditors'	erty is excluded and administrative expenses?		
	are paid that funds will						
	be available for distribution to unsecured creditors?	L	l Yes				
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000	☐ 25,001-50,000		
	you estimate that you owe?	□ 50-99		<u> </u>	<u> </u>		
	□ 100-199 □ 200-999			□ 10,001-25,000	☐ More than100,000		
19.	How much do you	<b>\$0 - \$50</b> ,	000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?	□ \$50,001 - \$100,000		☐ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion		
	be worth.		1 - \$500,000 1 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion		
20.	How much do you	<b>□</b> \$0 - \$50,	000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?	\$50,001		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion		
	10 00:		1 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion		
		\$500,00	1 - \$1 million	☐ \$100,000,001 - \$500 million	☐ More than \$50 billion		
Part	7: Sign Below						
For	you	I have exam	nined this petition, and I decla	are under penalty of perjury that the inform	mation provided is true and correct.		
				I am aware that I may proceed, if eligible, ief available under each chapter, and I ch	under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.		
				ot pay or agree to pay someone who is no notice required by 11 U.S.C. § 342(b).	at an attorney to help me fill out this		
		I request rel	ief in accordance with the cha	apter of title 11, United States Code, spe	cified in this petition.		
		bankruptcy and 3571.	case can result in fines up to	concealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y	or property by fraud in connection with a vears, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		Sara K. Ve Signature of		Signature of Debto	r 2		
		Executed or	February 21, 2018	Executed on			
			MM / DD / YYYY	MM	I / DD / YYYY		

Debtor 1 Sara K. Venhorst Document Page 7 of 52 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ James T. Magee Signature of Attorney for Debtor	_ Date	February 21, 2018 MM / DD / YYYY
James T. Magee 1729446 Printed name		
Magee Hartman, P.C.		
444 North Cedar Lake Road Round Lake, IL 60073		
Number, Street, City, State & ZIP Code  Contact phone	Email address	
1729446 Bar number & State		

		17(1(.1111)	HILL PAUE O ULDZ	
Fill in this infor	mation to identify your	case:		
Debtor 1	Sara K. Venhorst			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	<u> </u>		
Par	Summarize Your Assets		
		Your as Value of	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	15,350.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	15,350.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	13,666.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	73,827.75
	Your total liabilities	\$	87,493.75
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,615.16
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,540.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	a personal	family or

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known) Debtor 1 Sara K. Venhorst

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,838.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	49,902.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	49,902.00

				Document	Page 10 of 52			
Fill in	this infor	mation to identify	your case ar	nd this filing:				
Debto	r 1	Sara K. Ven	horst					
		First Name		Middle Name	Last Name			
Debto	_							
(Spouse	, if filing)	First Name	l	Middle Name	Last Name			
United	States Ba	ankruptcy Court for	the: NORT	HERN DISTRICT OF IL	LINOIS			
Cooo							_	
Case	number _							Check if this is an amended filing
								amondou ming
Office 1	cial Fo	orm 106A/E	3					
Sch	edul	le A/B: P	roperty	<i>1</i>				12/15
					If an asset fits in more than or	ne category list the asse	t in the	
hink it nforma	fits best. E	Be as complete and re space is needed,	accurate as po	ssible. If two married pe	ople are filing together, both ar the top of any additional page	e equally responsible for	r supply	ing correct
Part 1:	Describe	Each Residence. B	uilding. Land. o	or Other Real Estate You	Own or Have an Interest In			
. Do y	ou own or	have any legal or ed	uitable interes	t in any residence, build	ing, land, or similar property?			
■ N	o. Go to Pa	rt 2.						
□ Y	es. Where	is the property?						
	_							
Part 2:	Describe	Your Vehicles						
3. Cars □ N ■ Y	lo	rucks, tractors, sp	oort utility vel	nicles, motorcycles				
0.4	Mala	Dodge		VA/I	the managed of the	Do not deduct secure	d claims	or exemptions. Put
3.1	-	Dodge Journey		_	the property? Check one	the amount of any sec	cured cla	ims on Schedule D:
	Model:	2011		■ Debtor 1 only		Creditors Who Have (	Jiaims S	есигеа ву Ргорепу.
	Year: Approxima	ite mileage:	70,000	☐ Debtor 2 only ☐ Debtor 1 and Debtor	r 2 only	Current value of the entire property?		urrent value of the ortion you own?
	Other infor		10,000	☐ At least one of the d	•	ciiii c property :	ρ.	
Γ							_	
				☐ Check if this is cor	nmunity property	\$8,500.00	<u>)                                    </u>	\$8,500.00
L				(see instructions)				
	<i>mples:</i> Boa lo				ehicles, other vehicles, and snowmobiles, motorcycle ac			
					s from Part 2, including any			\$8,500.00
Part 3:		Your Personal and						
Do yo	u own or	have any legal or	equitable int	erest in any of the fol	lowing items?		<b>port</b> Do n	ent value of the ion you own? ot deduct secured as or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

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Case number (if known) Document Debtor 1 Sara K. Venhorst Yes. Describe..... \$550.00 Couch, Chair and Livingroom Furniture Lamps, Bedroom Sets, Washer and Dryer \$500.00 \$300.00 Diningroom Set, Kitchen Table and Chairs \$70.00 Kitchen Utensils and Microwave 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... Televisions, DVD Player and Stereo \$400.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No ■ Yes. Describe..... \$250.00 **Books and Pictures** 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No Yes. Describe..... \$100.00 Sports and Hobby Equipment 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$500.00 Wearing Apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No

Official Form 106A/B Schedule A/B: Property page 2

Jewelry

Yes. Describe.....

\$500.00

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Case number (if known) Document Debtor 1 Sara K. Venhorst 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No  $\square$  Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,170.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash on Hand \$100.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Joint Checking \$400.00 **Bank of America** #9651 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☐ No

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Desc Main

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Debtor 1	Sara K. Venhorst		Institution		case number (if known)	
■ Yes.			institution n	ame or individual:		
	Rent	<u>Landlord</u>	s Security Deposit		\$750.00	
23. <b>Annuit</b> ■ No □ Yes	ies (A contract for a periodi	. ,		life or for a number of	years)	
	ts in an education IRA, in a C. §§ 530(b)(1), 529A(b), ar			gram, or under a qua	lified state tuition pro	gram.
☐ Yes	Institution na	me and desc	cription. Separately file th	ne records of any intere	sts.11 U.S.C. § 521(c):	
■ No	, equitable or future intere		erty (other than anythin	g listed in line 1), and	rights or powers exe	rcisable for your benefit
Examp ■ No —	s, copyrights, trademarks, oles: Internet domain names Give specific information al	s, websites, p			ts	
Examp ■ No —	es, franchises, and other obles: Building permits, exclusions	sive licenses		n holdings, liquor licens	es, professional licens	es
Money or	property owed to you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	funds owed to you  Give specific information ab	oout them, inc	cluding whether you alre	ady filed the returns an	d the tax years	
			7 Income Tax Refund Child Tax Credit \$5,		Federal	\$2,000.00
		2017	7 Income Tax Refund	I \$906 (EIC \$576)	State	\$430.00
■ No	support  bles: Past due or lump sum  Give specific information		usal support, child suppo	ort, maintenance, divord	ce settlement, property	settlement
30. Other a Examp	amounts someone owes y bles: Unpaid wages, disabilit benefits; unpaid loans	ty insurance		efits, sick pay, vacation	pay, workers' comper	nsation, Social Security
☐ Yes.	Give specific information					
	ets in insurance policies oles: Health, disability, or life	e insurance; I	nealth savings account (l	HSA); credit, homeown	er's, or renter's insurar	nce
☐ Yes.	Name the insurance compa Comp	ny of each p pany name:	olicy and list its value.	Beneficiar	y:	Surrender or refund value:

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Case number (if known) Document Debtor 1 Sara K. Venhorst 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$3,680.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

53. Do you have other property of any kind you did not already list?

53. Do you have other property of any kind you did not already list Examples: Season tickets, country club membership

If you own or have an interest in farmland, list it in Part 1.

■ No

■ No. Go to Part 7.□ Yes. Go to line 47.

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

Describe All Property You Own or Have an Interest in That You Did Not List Above

\$0.00

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Case number (if known)

Document Debtor 1 Sara K. Venhorst

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$8,500.00		
57.	Part 3: Total personal and household items, line 15	\$3,170.00		
58.	Part 4: Total financial assets, line 36	\$3,680.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$15,350.00	Copy personal property total	\$15,350.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$15,350.00

Official Form 106A/B Schedule A/B: Property page 6

		I A A A A A A A A A A A A A A A A A A A		
Fill in this infor	mation to identify your	case:		
Debtor 1	Sara K. Venhorst			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS		
Case number				
(if known)		_		Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

001(c)
)01(c)
001(b)

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Case number (if known)

Debto	or 1 Sara K. Venhorst	Document	'	Case number (if known)	
	rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	elevisions, DVD Player and Stereo	\$400.00		\$175.00	735 ILCS 5/12-1001(b)
_	ine nom <i>denedate Add.</i> 111			100% of fair market value, up to any applicable statutory limit	
	Books and Pictures ine from Schedule A/B: 8.1	\$250.00		\$75.00	735 ILCS 5/12-1001(b)
	16.1.1 66.764416 7 12.1			100% of fair market value, up to any applicable statutory limit	
	Sports and Hobby Equipment ine from Schedule A/B: 9.1	\$100.00		\$40.00	735 ILCS 5/12-1001(b)
_	15.11 Go/leaule 70 B. <b>6.11</b>			100% of fair market value, up to any applicable statutory limit	
	Vearing Apparel ine from Schedule A/B: 11.1	\$500.00		\$500.00	735 ILCS 5/12-1001(a)
_	inte itsiii Ganedale 702.			100% of fair market value, up to any applicable statutory limit	
	ewelry ine from Schedule A/B: 12.1	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
				100% of fair market value, up to any applicable statutory limit	
	Cash on Hand ine from Schedule A/B: 16.1	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
_	16.1.1			100% of fair market value, up to any applicable statutory limit	
	oint Checking #9651: Bank of	\$400.00		\$400.00	735 ILCS 5/12-1001(b)
	ine from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	Rent: Landlord's Security Deposit ine from Schedule A/B: 22.1	\$750.00		\$750.00	735 ILCS 5/12-901
				100% of fair market value, up to any applicable statutory limit	
	ederal: 2017 Income Tax Refund 7,715 (EIC / Child Tax Credit \$5,715)	\$2,000.00		\$2,000.00	735 ILCS 5/12-1001(b)
	ine from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
	State: 2017 Income Tax Refund \$906 EIC \$576)	\$430.00		\$430.00	735 ILCS 5/12-1001(b)
-	ine from Schedule A/B: 28.2			100% of fair market value, up to any applicable statutory limit	
(	Are you claiming a homestead exemption of Subject to adjustment on 4/01/19 and every 3  No	3 years after that for ca	ises fi	ŕ	,
	<ul><li>Yes. Did you acquire the property covere</li><li>No</li></ul>	ed by the exemption wi	thin 1	,215 days before you filed this case'	?

Ou30 10 0∓0	,10 D001	Document	Page 18	of 52	10.00 0000	idiri
Fill in this information to ident	tify your case:					
Debtor 1 Sara K. Ve	anhorst					
First Name		e Name	Last Name			
Debtor 2						
(Spouse if, filing) First Name	Middle	e Name	Last Name			
United States Bankruptcy Court	for the: NORTHE	RN DISTRICT OF IL	LINOIS			
Case number						
(if known)					_	if this is an ded filing
Official Form 106D						
Schedule D: Credi	tors Who H	ave Claims	Secured	by Property	у	12/15
Be as complete and accurate as po s needed, copy the Additional Pag number (if known).						
. Do any creditors have claims sec	cured by your property	ı?				
☐ No. Check this box and s	ubmit this form to the	court with your othe	er schedules. Yo	ou have nothing else to	o report on this form.	
Yes. Fill in all of the inform		•		ŭ	•	
Part 1: List All Secured Clai						
				Column A	Column B	Column C
<ol><li>List all secured claims. If a credi for each claim. If more than one cred much as possible, list the claims in a</li></ol>	ditor has a particular cla	im, list the other credito	ors in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Ally Financial		property that secures		\$13,666.00	\$8,500.00	\$5,166.00
Creditor's Name	2011 Dodg	ge Journey 70,000	0 miles			
Attn: Bankruptcy						
P. O. Box 380901		e you file, the claim is	Check all that			
Bloomington, MN 5543	apply.  Contingen	t				
Number, Street, City, State & Zip Co						
	☐ Disputed					
Who owes the debt? Check one.	Nature of lie	en. Check all that apply.				
Debtor 1 only		nent you made (such as	s mortgage or sec	ured		
Debtor 2 only	car loan)					
Debtor 1 and Debtor 2 only		ien (such as tax lien, m	echanic's lien)			
At least one of the debtors and ar		lien from a lawsuit				
☐ Check if this claim relates to a community debt	☐ Other (inc	luding a right to offset)				
Date debt was incurred	Last 4	digits of account num	mber <u>9554</u>			
Add the dollar value of your entr	ies in Column A on thi	is page. Write that nur	mber here:	\$13,66	6.00	
If this is the last page of your for	rm, add the dollar valu	e totals from all pages	s.	\$13,66		
Write that number here:						
Part 2: List Others to Be Not	ified for a Debt That	You Already Liste	d			
Use this page only if you have oth trying to collect from you for a dek than one creditor for any of the de debts in Part 1, do not fill out or su	ot you owe to someone ots that you listed in F	e else, list the creditor	r in Part 1, and th	en list the collection ag	gency here. Similarly, if	you have more
Name, Number, Street, City, S	State & Zip Code		On whic	h line in Part 1 did you er	nter the creditor? 2.1	
Crowley Fleck PLLP				-		
P. O. Box 2529			Last 4 d	igits of account number _	1120	

Billings, MT 59103-2529

		Document	Page 19 of 52	
Fill in this	information to identify your o	case:		
Debtor 1	Sara K. Venhorst			
	First Name	Middle Name	Last Name	_
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name	_
		NORTHERN DISTRICT OF IL	LINOIS	
United Sta	tes Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS	_
Case numb (if known)	ber			☐ Check if this is an amended filing
	Form 106E/F Ile E/F: Creditors W	ho Have Unsecured	Claims	12/15
any executo Schedule G: Schedule D: left. Attach t name and ca	ry contracts or unexpired leases to Executory Contracts and Unexpi Creditors Who Have Claims Secu	that could result in a claim. Also l red Leases (Official Form 106G). I ired by Property. If more space is e. If you have no information to re	list executory contracts on Schedule Do not include any creditors with par needed, copy the Part you need, fill i	n NONPRIORITY claims. List the other party to A/B: Property (Official Form 106A/B) and on tially secured claims that are listed in tout, number the entries in the boxes on the name the top of any additional pages, write your
	creditors have priority unsecured			_
■ No.	Go to Part 2.			
☐ Yes.				
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims		
3. Do any	creditors have nonpriority unsec	ured claims against you?		
□ No.	You have nothing to report in this pa	art. Submit this form to the court with	your other schedules.	
Yes.				
unsecur	ed claim, list the creditor separately	for each claim. For each claim listed		creditor has more than one nonpriority list claims already included in Part 1. If more ured claims fill out the Continuation Page of
				Total claim
	Γ&T Mobility	Last 4 digits of acc	count number 1446	\$533.00
	npriority Creditor's Name  Afni	When was the deb	t incurred?	
	O. Box 3097			
	oomington, IL 61702	As at the data way	file the eleienie Oberts all that are by	
	mber Street City State Zlp Code no incurred the debt? Check one.	As of the date you	file, the claim is: Check all that apply	
_	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and ano	_ '	RITY unsecured claim:	
	Check if this claim is for a comm	По		
del			ng out of a separation agreement or div	orce that you did not
_	No		n or profit-sharing plans, and other simila	ar debts
	Yes	·	Balance on Account	
Ц	100	Other. Specify _	Dalarioc on Account	

Entered 02/21/18 10:18:30 Case 18-04616 Doc 1 Filed 02/21/18 Desc Main Page 20 of 52 Case number (if know) Document Debtor 1 Sara K. Venhorst 4.2 \$205.00 **College Of Lake County** Last 4 digits of account number 8676 Nonpriority Creditor's Name c/o Armor Systems Co. When was the debt incurred? 1700 Kiefer Drive, #1 Zion, IL 60099 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes 4.3 **Commonwealth Edison** Last 4 digits of account number 3333 \$1,083.00 Nonpriority Creditor's Name c/o Contract Callers Inc. When was the debt incurred? P. O. Box 3000 Augusta, GA 30903 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Balance on Account** Other. Specify 4.4 Federal Loan Servicing Last 4 digits of account number 0014 \$5,500.00 Nonpriority Creditor's Name Attention: Bankruptcy When was the debt incurred? P. O. Box 69184 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.

☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Student Loan

Case 18-04616 Doc 1 Filed 02/21/18 Entered 02/21/18 10:18:30 Desc Main Page 21 of 52 Case number (if know) Document Debtor 1 Sara K. Venhorst 4.5 \$5,316.00 Federal Loan Servicing Last 4 digits of account number 0012 Nonpriority Creditor's Name Attention: Bankruptcy When was the debt incurred? P. O. Box 69184 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Student Loan 4.6 Federal Loan Servicing Last 4 digits of account number 0002 \$4,632.00 Nonpriority Creditor's Name Attention: Bankruptcy When was the debt incurred? P. O. Box 69184 Harrisburg, PA 17106 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **Student Loan** 4.7 Federal Loan Servicing Last 4 digits of account number 0011 \$4,500.00 Nonpriority Creditor's Name When was the debt incurred? Attention: Bankruptcy P. O. Box 69184 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only

Who incurred the debt? Check one.

Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only
Debtor 1 and Debtor 2 only
At least one of the debtors and another
Check if this claim is for a community debt
Is the claim subject to offset?

No
Debtor 1 only
Disputed
Type of NONPRIORITY unsecured claim:
Student loans
Debtor 1 only
Disputed
Type of NONPRIORITY unsecured claim:
Student loans
Debts under the debtors and another
Student loans
Debts to pension or profit-sharing plans, and other similar debts
Student Loan

Page 22 of 52 Case number (if know) Document Debtor 1 Sara K. Venhorst 4.8 \$4,500.00 Federal Loan Servicing Last 4 digits of account number 0013 Nonpriority Creditor's Name Attention: Bankruptcy When was the debt incurred? P. O. Box 69184 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Student Loan 4.9 Federal Loan Servicing Last 4 digits of account number 0007 \$3,980.00 Nonpriority Creditor's Name Attention: Bankruptcy When was the debt incurred? P. O. Box 69184 Harrisburg, PA 17106 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Student Loan 4.1 Federal Loan Servicing 0006 \$3.836.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attention: Bankruptcy When was the debt incurred? P. O. Box 69184 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

☐ Other. Specify

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Student Loan

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Page 24 of 52 Case number (if know) Document Debtor 1 Sara K. Venhorst 4.1 Federal Loan Servicing 0010 \$3,480.00 Last 4 digits of account number Nonpriority Creditor's Name Attention: Bankruptcy When was the debt incurred? P. O. Box 69184 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Student Loan 4.1 Federal Loan Servicing 0015 \$1,191.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Attention: Bankruptcy When was the debt incurred? P. O. Box 69184 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Student Loan 4.1 0004 Federal Loan Servicing \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Attention: Bankruptcy P. O. Box 69184 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another

Official Form 106 E/F

debt

No ☐ Yes ☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Student Loan

Student loans

☐ Other. Specify

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

Case 18-04616 Doc 1 Filed 02/21/18 Entered 02/21/18 10:18:30 Desc Main Page 25 of 52 Case number (if know) Document Debtor 1 Sara K. Venhorst 4.1 \$520.00 Federal Loan Servicing 0009 Last 4 digits of account number Nonpriority Creditor's Name Attention: Bankruptcy When was the debt incurred? P. O. Box 69184 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Student Loan 4.1 Federal Loan Servicing 0008 \$520.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Attention: Bankruptcy When was the debt incurred? P. O. Box 69184 Harrisburg, PA 17106 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Student Loan 4.1 0001 Federal Loan Servicing \$118.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Attention: Bankruptcy

P. O. Box 69184 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes ☐ Other. Specify Student Loan

Page 26 of 52 Case number (if know) Document Debtor 1 Sara K. Venhorst 4.2 Lake County Acute Care LLP 5068 \$88.18 Last 4 digits of account number 0 Nonpriority Creditor's Name c/o Affiliate Asset Solutions When was the debt incurred? 145 Technology Pkwy NW, #100 Peachtree Corners, GA 30092-2913 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Balance on Account 4.2 **Lake Forest Pediatric Associates** 6293 \$350.00 Last 4 digits of account number Nonpriority Creditor's Name 917 Sherwood Drive When was the debt incurred? Lake Bluff, IL 60044-2203 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Balance on Account ☐ Yes 4.2 8598 North Shore Medical, Ltd. \$480.00 2 Last 4 digits of account number Nonpriority Creditor's Name 767 Park Avenue West, #110 When was the debt incurred? Highland Park, IL 60035-2400 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes

Page 27 of 52 Case number (if know) Document Debtor 1 Sara K. Venhorst 4.2 Ruth Clauson / Village of Gurnee **R747** \$20,645.57 Last 4 digits of account number 3 Nonpriority Creditor's Name c/o Thompson, Brody & Kaplan, When was the debt incurred? LLP 161 North Clark Street, #3575 Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Accident Claim** Other, Specify 4.2 State of Wisconsin 1240 \$200.50 Last 4 digits of account number Nonpriority Creditor's Name **Clerk of Court** When was the debt incurred? 307 Main Street Black River Falls, WI 54615 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Judgment ☐ Yes 4.2 1241 State of Wisconsin \$200.50 Last 4 digits of account number Nonpriority Creditor's Name **Clerk of Court** When was the debt incurred? 307 Main Street Black River Falls, WI 54615 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:

■ No ☐ Yes

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

debt

At least one of the debtors and another

☐ Check if this claim is for a community

Debtor 1 Sara K. Venhorst

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Case number (if know)

Weigel Randolph M.D.	Last 4 digits of account number 4224	\$140.00
Nonpriority Creditor's Name	<del></del>	
c/o Lou Harris Company	When was the debt incurred?	
1040 South Milwaukee Avenue		
Wheeling, IL 60090  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Balance on Accounts	

### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	6f.	Student loans	6f.	\$ Total Claim 49,902.00
Total claims from Part 2	6a.	Obligations arising out of a constraint agreement or diverse that		
Holli Part 2	og.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	• • • •	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 23,925.75
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 73,827.75

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

		17(141111)		
Fill in this infor	rmation to identify your	case:		
Debtor 1	Sara K. Venhorst			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the c	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3	<u> </u>		<u> </u>		
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	0.1.5		0.0.0	2.1. 0000	
2.4	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	- ity		Cidio		

		Document	Page 30 of	52	-	
Fill in this infor	mation to identify your ca	ase:				
Debtor 1	Sara K. Venhorst					
Debtor 2	First Name	Middle Name	Last Name			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS			
Case number (if known)					☐ Check if amended	
Schedule Codebtors are p		btors  also liable for any debts you ly responsible for supplying				
ill it out, and nu		oxes on the left. Attach the A				
1. Do you h	nave any codebtors? (If yo	ou are filing a joint case, do not	list either spouse as	s a codebtor.		
□ No ■ Yes						
		ived in a community property levada, New Mexico, Puerto R				s include
■ No. Go to		e, or legal equivalent live with	you at the time?			
in line 2 ag	ain as a codebtor only if t ), Schedule E/F (Official F	rs. Do not include your spou that person is a guarantor or form 106E/F), or Schedule G	cosigner. Make su	re you have listed	the creditor on Sche	dule D (Official
	nn 1: Your codebtor Number, Street, City, State and ZIP	Code		Column 2: The c	reditor to whom you ules that apply:	owe the debt
3.1 <b>Troy</b>	E. Venhorst			■ Schedule D, □ Schedule E/ □ Schedule G Ally Financial	F, line	

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Fill	in this information to identify your c	ase.						
	otor 1 Sara K. Ven							
	otor 2 use, if filing)				_			
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_			
	se number		-					
O	fficial Form 106I					MM / DD/ Y		
So	chedule I: Your Inc	ome			·			12/15
sup <sub>i</sub> spo atta	as complete and accurate as pos- plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t1: Describe Employment	are married and not filing wi	ng jointly, and your ith you, do not inclu	spouse i ide inforr	ร living witl nation aboเ	h you, inclu ut your spo	ude information abouse. If more space	out your is needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filing spou	se
	If you have more than one job,	Employment status	■ Employed			☐ Emplo	oyed	
	attach a separate page with information about additional	Linployment status	☐ Not employed			☐ Not employed		
	employers.	Occupation	Substance Abu	ise Cour	nselor			
	Include part-time, seasonal, or self-employed work.	Employer's name	Lake County Health Department					
	Occupation may include student or homemaker, if it applies.	Employer's address						
			Waukegan, IL 6	0085				
		How long employed the	here? 5 years	5		_		
Par	t 2: Give Details About Mor	nthly Income						
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to ı	report for	any line, wri	te \$0 in the	space. Include your	non-filing
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the information	on for all e	employers fo	r that perso	on on the lines below	. If you need
					For De	ebtor 1	For Debtor 2 or non-filing spous	е
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,358.33	\$ <b>N</b>	/A
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$ <b>N</b>	<u>/A</u>
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$3,3	358.33	\$N/A	-

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Deb	tor 1	Sara K. Venhorst	-	Case r	number ( <i>if knowi</i>	7) _			
				For	Debtor 1			otor 2 or	
	Сор	y line 4 here	4.	\$	3,358.3	3	\$	N/A	<u> </u>
5.	l iet	all payroll deductions:							
J.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	743.1	7	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5a. 5b.	<b>\$</b> —	0.0	_	\$	N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$ 	0.0	_	\$	N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$-	0.0	_	\$	N/A	_
	5e.	Insurance	5e.	\$ -	0.0	_	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.0		\$	N/A	
	5g.	Union dues	5g.	\$_	0.0	_	\$	N/A	_
	5h.	Other deductions. Specify:	5h.+		0.0		\$	N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	743.1	_	\$	N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,615.1	_	\$	N/A	_
8.		all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross			2,013.10	<u> </u>	<b>—</b>	IN/	<u>`</u>
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	0.0	0	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.0		\$	N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.0	n	\$	N/A	_
	8d.	Unemployment compensation	8d.	\$-	0.0	_	\$	N/A	_
	8e.	Social Security	8e.	\$_	0.0	_	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.0		\$	N/A	_
	8g.	Pension or retirement income	8g.	\$	0.0		\$	N/A	
	8h.	Other monthly income. Specify:	8h.+	- \$	0.0	+	\$	N/A	<u>\</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.0	0	\$	N/	Α
10.	Cald	culate monthly income. Add line 7 + line 9.	10. \$	2	2,615.16 +	\$		<b>I/A</b> = \$	2,615.16
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L		,				,
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00								
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					if it	12. \$	2,615.16
								Combi	
13.	Do y	you expect an increase or decrease within the year after you file this form No.  Yes. Explain:	?					month	lly income

Schedule I: Your Income

page 2

Official Form 106I

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<b></b>	in this informat	tion to inlantify you						
		tion to identify yo	our case:					
Debt	tor 1	Sara K. Venh	orst				ck if this is:	
Debt	tor 2					_	An amended filing	ving postpetition chapter
	ouse, if filing)						13 expenses as of	
Unite	ad States Bankri	untey Court for the	NORTI	HERN DISTRICT OF ILLIN	IOIS	-	MM / DD / YYYY	
Office	ed States Dariki	upicy Court for the.	NORTI	ILIAN DISTRICT OF ILLIN			WIWI / DD / TTTT	
l	e number nown)							
Of	ficial Fo	rm 106J						
Sc	chedule	J: Your I	Exper	ises				12/15
info nun	ormation. If months	ore space is ne n). Answer ever	eded, atta y questio	. If two married people a ich another sheet to this n.				
Part 1.	1: Descri	ibe Your House	hold					
١.								
	■ No. Go to		in a concu	ata hawaahald?				
			n a separ	ate household?				
			st file Offic	al Form 106J-2, Expense	s for Sonarata House	hold of Dob	tor 2	
	<u></u> п	es. Debiol 2 mus	ille Offici	ai Foiiii 1005-2, Experise.	s for Separate House	noid of Debi	101 2.	
2.	Do you have	e dependents?	☐ No					
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents i				Daughter		6	■ Yes
								□ No
					Daughter		6	Yes
								□ No
								☐ Yes
								□ No
_	_							☐ Yes
3.		enses include people other the	han	No				
		d your depender		Yes				
Esti exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a sup				
Incl	ude expense:	s paid for with r	non-cash	government assistance	if vou know			
the	value of such	n assistance and		cluded it on Schedule I:			Your expe	nene
(Ott	icial Form 10	61.)					Tour expe	511363
4.		r home owners		ses for your residence. or lot.	Include first mortgage	4. \$		775.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a. \$	;	0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
	4c. Home	maintenance, re	pair, and ı	upkeep expenses		4c. \$	i	100.00
	4d. Home	owner's associat	ion or con	dominium dues		4d. \$		0.00
5.	Additional n	nortgage payme	ents for ve	our residence, such as ho	ome equity loans	5. \$	·	0.00

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Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning conal care products and services ical and dental expenses isportation. Include gas, maintenance, bus or train fare. iot include car payments. ertainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. iot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20 cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: or payments of alimony, maintenance, and support that you did not regueted from your pay on line 5, Schedule I, Your Income (Official Form propayments you make to support others who do not live with you.	6a. \$ 6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$  15a. \$ 15b. \$ 15c. \$ 15d. \$ 0.  17a. \$ 17b. \$ 17c. \$ 17d. \$	100.00 50.00 65.00 0.00 400.00 150.00 100.00 0.00 0.00 0.00 0.00
Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning conal care products and services ical and dental expenses isportation. Include gas, maintenance, bus or train fare. iot include car payments. iritalineent, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. iot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: other. Specify: r payments of alimony, maintenance, and support that you did not repute the defense of the support of the payments of form your pay on line 5, Schedule I, Your Income (Official Form	6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$  15a. \$ 15b. \$ 15c. \$ 15d. \$ 0. 16. \$ 17a. \$ 17b. \$ 17c. \$	50.00 65.00 0.00 400.00 400.00 150.00 50.00 0.00 0.00 0.00 0.00 0
Telephone, cell phone, Internet, satellite, and cable services  Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning sonal care products and services ical and dental expenses isportation. Include gas, maintenance, bus or train fare. iot include car payments. iritalineent, clubs, recreation, newspapers, magazines, and books iritable contributions and religious donations rance. iot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: iss. Do not include taxes deducted from your pay or included in lines 4 or 20. ify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: other. Specify: r payments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	6c. \$	65.00 0.00 400.00 400.00 150.00 50.00 200.00 0.00 0.00 0.00 0.00 0
Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning sonal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. sot include car payments. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. sot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: other. Specify: r payments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$  15a. \$ 15b. \$ 15c. \$ 15c. \$ 15d. \$  17a. \$ 17b. \$ 17c. \$	0.00 400.00 400.00 150.00 50.00 100.00 0.00 0.00 0.00
d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning sonal care products and services ical and dental expenses resportation. Include gas, maintenance, bus or train fare. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. rot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: respondent or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: repayments of alimony, maintenance, and support that you did not reparted from your pay on line 5, Schedule I, Your Income (Official Form	7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$  15a. \$ 15b. \$ 15c. \$ 15d. \$ 0. 16. \$ 17a. \$ 17b. \$ 17c. \$	400.00 400.00 150.00 150.00 100.00 200.00 0.00 0.00 150.00 0.00 0.00 0.00 0.
dcare and children's education costs hing, laundry, and dry cleaning conal care products and services ical and dental expenses resportation. Include gas, maintenance, bus or train fare. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. rot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: respondent or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: repayments of alimony, maintenance, and support that you did not reparted from your pay or Income (Official Form	8. \$	400.00 400.00 150.00 150.00 100.00 200.00 0.00 0.00 150.00 0.00 0.00 0.00 0.
hing, laundry, and dry cleaning conal care products and services ical and dental expenses isportation. Include gas, maintenance, bus or train fare. iot include car payments. irtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. iot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: iss. Do not include taxes deducted from your pay or included in lines 4 or 20 cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	9. \$	400.00 150.00 50.00 100.00 200.00 0.00 0.00 150.00 0.00 0.00
conal care products and services ical and dental expenses isportation. Include gas, maintenance, bus or train fare. iot include car payments. ertainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. iot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. esify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	10. \$	150.00 50.00 100.00 200.00 0.00 0.00 0.00 150.00 0.00 0.00 0.00
conal care products and services ical and dental expenses isportation. Include gas, maintenance, bus or train fare. iot include car payments. ertainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. iot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. esify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	11. \$	50.00 100.00 200.00 0.00 0.00 0.00 150.00 0.00 0.00
ical and dental expenses isportation. Include gas, maintenance, bus or train fare. iot include car payments. irtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. iot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: iss. Do not include taxes deducted from your pay or included in lines 4 or 20. ify: iallment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	12. \$ 13. \$ 14. \$  15a. \$ 15b. \$ 15c. \$ 15d. \$  17a. \$ 17b. \$ 17c. \$	100.00 200.00 0.00 0.00 0.00 150.00 0.00 0.00 0.
Insportation. Include gas, maintenance, bus or train fare. Instituted car payments. Instrainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations Instruction include insurance deducted from your pay or included in lines 4 or 20.  Life insurance Health insurance Vehicle insurance Other insurance. Specify: Instruction include taxes deducted from your pay or included in lines 4 or 20.  Instruction included in lines 4 or 20.  Instructio	12. \$ 13. \$ 14. \$  15a. \$ 15b. \$ 15c. \$ 15d. \$  17a. \$ 17b. \$ 17c. \$	200.00 0.00 0.00 0.00 0.00 150.00 0.00 0.00 0.00
not include car payments.  Pertainment, clubs, recreation, newspapers, magazines, and books  Pertainment, clubs, recreations deducted from your pay or included in lines 4 or 20.  Pertainment or lease payments:  Car payments for Vehicle 1  Car payments for Vehicle 2  Other. Specify:  Other. Specify:  Perpayments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	13. \$	0.00 0.00 0.00 0.00 150.00 0.00 0.00
ritable contributions and religious donations rance.  tot include insurance deducted from your pay or included in lines 4 or 20.  Life insurance  Health insurance  Vehicle insurance  Other insurance. Specify:  as. Do not include taxes deducted from your pay or included in lines 4 or 20 cify:  allment or lease payments:  Car payments for Vehicle 1  Car payments for Vehicle 2  Other. Specify:  Other. Specify:  r payments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	14. \$	0.00 0.00 0.00 150.00 0.00 0.00
rance.  not include insurance deducted from your pay or included in lines 4 or 20.  Life insurance  Health insurance  Vehicle insurance  Other insurance. Specify:  as. Do not include taxes deducted from your pay or included in lines 4 or 20 cify:  allment or lease payments:  Car payments for Vehicle 1  Car payments for Vehicle 2  Other. Specify:  Other. Specify:  r payments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	15a. \$	0.00 0.00 150.00 0.00 0.00
not include insurance deducted from your pay or included in lines 4 or 20.  Life insurance  Health insurance  Vehicle insurance  Other insurance. Specify:  as. Do not include taxes deducted from your pay or included in lines 4 or 20 cify:  allment or lease payments:  Car payments for Vehicle 1  Car payments for Vehicle 2  Other. Specify:  Other. Specify:  r payments of alimony, maintenance, and support that you did not reputced from your pay on line 5, Schedule I, Your Income (Official Form	15b. \$	0.00 150.00 0.00 0.00 0.00
Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20 cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not reputed from your pay on line 5, Schedule I, Your Income (Official Form	15b. \$	0.00 150.00 0.00 0.00 0.00
Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20 cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not rejucted from your pay on line 5, Schedule I, Your Income (Official Form	15b. \$	0.00 150.00 0.00 0.00 0.00
Vehicle insurance Other insurance. Specify:  as. Do not include taxes deducted from your pay or included in lines 4 or 20 cify:  allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not reputed from your pay on line 5, Schedule I, Your Income (Official Form	15c. \$	150.00 0.00 0.00 0.00 0.00
Other insurance. Specify:  as. Do not include taxes deducted from your pay or included in lines 4 or 20 cify:  allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not reputed from your pay on line 5, Schedule I, Your Income (Official Form	15d. \$	0.00 0.00 0.00 0.00
es. Do not include taxes deducted from your pay or included in lines 4 or 20 cify:  allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not reputed from your pay on line 5, Schedule I, Your Income (Official Form	16. \$ 17a. \$ 17b. \$ 17c. \$	0.00 0.00 0.00
cify:  allment or lease payments:  Car payments for Vehicle 1  Car payments for Vehicle 2  Other. Specify:  Other. Specify:  r payments of alimony, maintenance, and support that you did not reputed from your pay on line 5, Schedule I, Your Income (Official Form	16. \$ 17a. \$ 17b. \$ 17c. \$	0.00 0.00
allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not reputed from your pay on line 5, Schedule I, Your Income (Official Form	17a. \$ 17b. \$ 17c. \$	0.00 0.00
Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not reputed from your pay on line 5, Schedule I, Your Income (Official Form	17b. \$17c. \$	0.00
Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not reputed from your pay on line 5, Schedule I, Your Income (Official Form	17b. \$17c. \$	0.00
Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not reputed from your pay on line 5, Schedule I, Your Income (Official Form	17c. \$	
Other. Specify:  r payments of alimony, maintenance, and support that you did not reputed from your pay on line 5, Schedule I, Your Income (Official Form		0.00
r payments of alimony, maintenance, and support that you did not re fucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form	17d. \$	
ucted from your pay on line 5, Schedule I, Your Income (Official Form		0.00
		0.00
er bayments you make to support others who do not live with you.	1001).	
	\$	0.00
oify:	19.	
er real property expenses not included in lines 4 or 5 of this form or or Mortgages on other property	n <i>Scriedule I: Your Incon</i> 20a. \$	ne. 0.00
Real estate taxes	20a. \$	0.00
	20b. \$	
Property, homeowner's, or renter's insurance	·	0.00
	·	0.00
		0.00
er: Specify:	21. +\$	0.00
culate your monthly expenses		
	\$	2,540.00
Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10	06J-2 \$	,
		2,540.00
Add into 22d drid 225. The result is your monthly expenses.	Ψ—	2,340.00
ulate your monthly net income.		
Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2,615.16
Copy your monthly expenses from line 22c above.	23b\$	2,540.00
	20- 6	75.16
The result is your monthly net income.	∠3C.   ⊅	13.10
	Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify:  culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10 Add line 22a and 22b. The result is your monthly expenses.  culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above.  Subtract your monthly expenses from your monthly income. The result is your monthly net income.	Homeowner's association or condominium dues  er: Specify:  21. +\$  culate your monthly expenses  Add lines 4 through 21.  Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  Add line 22a and 22b. The result is your monthly expenses.  culate your monthly net income.  Copy line 12 (your combined monthly income) from Schedule I.  Copy your monthly expenses from line 22c above.  Subtract your monthly expenses from your monthly income.

■ Yes. Explain here: **Debtor will need to replace car surrendered.** 

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Fill in this infor	mation to identify your			
	, , ,	case:		
Debtor 1	Sara K. Venhorst			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Fori	m 106Dec			
Declarat	ion Ahout a	n Individua	Debtor's Sche	dulae
Declara	HOII ADOUL 8	an marvidua	Debtor 3 Oche	<u>duies</u> 12/15
obtaining mone years, or both. 1	y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1	n connection with a ban		ing a false statement, concealing property, or s up to \$250,000, or imprisonment for up to 20
obtaining mone years, or both. 1	y or property by fraud in	n connection with a ban		
obtaining mone years, or both. 1 Sig	y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 n Below	n connection with a ban I519, and 3571.		s up to \$250,000, or imprisonment for up to 20
obtaining mone years, or both. 1 Sig	y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 n Below	n connection with a ban I519, and 3571.	kruptcy case can result in fine	s up to \$250,000, or imprisonment for up to 20
obtaining mone years, or both. 1  Sig  Did you pa	y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 n Below	n connection with a ban I519, and 3571.	kruptcy case can result in fine	uptcy forms?  Attach Bankruptcy Petition Preparer's Notice,
obtaining mone years, or both. 1  Sig  Did you pa	y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below ny or agree to pay some	n connection with a ban I519, and 3571.	kruptcy case can result in fine	s up to \$250,000, or imprisonment for up to 20 uptcy forms?
obtaining mone years, or both. 1  Sig  Did you pa  No  Yes.	y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below  by or agree to pay some	n connection with a ban 1519, and 3571.	kruptcy case can result in fine	uptcy forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
obtaining mone years, or both. 1  Sig  Did you pa  No  Yes.  Under penathat they ar	y or property by fraud in 8 U.S.C. §§ 152, 1341, 1  n Below  y or agree to pay some  Name of person  ulty of perjury, I declare	n connection with a ban 1519, and 3571.	kruptcy case can result in fine	uptcy forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Date

Date **February 21, 2018** 

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Fill	in this inform	nation to identify you	r case:			
Deb	otor 1	Sara K. Venhors		Loot Name		
Deb	otor 2	riist name	Middle Name	Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Unit	ted States Bar	kruptcy Court for the:	NORTHERN DISTRICT (	OF ILLINOIS		
Cas	e number					
(if kn					-	Check if this is an
						mended filing
Of	<u>ficial For</u>	<u>m 107</u>				
Sta	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16
					equally responsible for sup	
		ore space is needed, ). Answer every ques		this form. On the top of any	additional pages, write you	ur name and case
		,				
Par	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	is?			
	Married					
	☐ Not marr	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	<b>-</b>		-			
	■ No	all of the places you li	ived in the last 3 years. Do no	ot include where you live now		
			·	·		
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
,	Within the le	ot 9 voore did vou o	vor live with a speuce or les	ual aquivalant in a commun	ity property state or territor	u2 (Community proporty
					co, Texas, Washington and V	
	■ Na					
	■ No □ Yes. Mal	ke sure vou fill out <i>Sch</i>	nedule H: Your Codebtors (O	ficial Form 106H).		
		,				
Par	Explain	n the Sources of You	r Income			
4.	Did you have	any income from en	nployment or from operatin	g a business during this ve	ear or the two previous cale	ndar vears?
	Fill in the total	I amount of income yo	u received from all jobs and a	all businesses, including part-	time activities.	<b>,</b>
	ir you are filing	g a joint case and you	have income that you receive	e together, list it only once ur	der Debtor 1.	
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
Fro	m .lanuary 1 4	of current year until	<b>=</b>	\$3,511.00	□ Wogoo commississ	,
		d for bankruptcy:	■ Wages, commissions, bonuses, tips	<b>ФЭ,ЭТТ.UU</b>	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
			- Operating a business		, 3	

Official Form 107

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Case number (if known) Debtor 1 Sara K. Venhorst

				Debtor 1		Debtor 2		
					0			0
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc		Gross income (before deductions and exclusions)
	r last caler anuary 1 to	ndar year: December	31, 2017 )	■ Wages, commissions, bonuses, tips	\$22,000.00	☐ Wages, combonuses, tips	nmissions,	
				☐ Operating a business		☐ Operating a	business	
		dar year be December		■ Wages, commissions, bonuses, tips	\$17,922.00	☐ Wages, combonuses, tips	nmissions,	
				☐ Operating a business		☐ Operating a	business	
	and other winnings.  List each	public bene If you are fil	fit payments; ng a joint cas he gross inco	ner that income is taxable. Exa pensions; rental income; interese and you have income that your from each source separat	est; dividends; money colle rou received together, list it	cted from lawsuits; only once under D	royalties; an ebtor 1.	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	yments You	Made Before You Filed for E	Bankruptcy			
6.	Are eithe ☐ No.	Neither D	ebtor 1 nor [	's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol	mer debts. Consumer deb	ts are defined in 11	U.S.C. § 10	1(8) as "incurred by an
		During the	90 days befo	ore you filed for bankruptcy, did	d you pay any creditor a tot	al of \$6,425* or mo	re?	
		□ No.	Go to line 7	· · · · · · · · · · · · · · · · · · ·				
		☐ Yes	paid that cr	each creditor to whom you paid editor. Do not include paymen payments to an attorney for th	ts for domestic support obli			
		* Subject		t on 4/01/19 and every 3 years		n or after the date o	of adjustment	:
	Yes.			or both have primarily consurer you filed for bankruptcy, did		al of \$600 or more?	?	
		□ No.	Go to line 7	<b>7</b> .				
		■ Yes	include pay	each creditor to whom you paid rments for domestic support ob this bankruptcy case.				
	Creditor	's Name an	d Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this	payment for
	Current	monthly	ental payn	nents.	\$0.00	\$0.00	☐ Mortga	ge
							☐ Credit (☐ Loan R	

☐ Other\_\_

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Debtor 1	Sara K. Venhorst		Cas	se number (if known)	-			
7. With	in 1 year before you filed for bankrupt	cy, did you make a payme	nt on a debt you o	wed anyone who	was an inside	er?		
of wl a bu	siders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and imony.							
	No							
	Yes. List all payments to an insider.							
Insi	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	this payment		
insid	in 1 year before you filed for bankrupt der? de payments on debts guaranteed or cos		ments or transfer a	any property on a	ccount of a de	bt that benefited an		
	No							
	Yes. List all payments to an insider							
Insi	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for to	t <b>his payment</b> tor's name		
Part 4:	Identify Legal Actions, Repossession	ns, and Foreclosures						
List a	in 1 year before you filed for bankrupt all such matters, including personal injury ifications, and contract disputes.							
	No							
	Yes. Fill in the details.							
	se title se number	Nature of the case	Nature of the case		Status of the	e case		
Sai	y Financial, Inc. v. ra K. Sorenson Venhorst, et al. -46-2017-28	Complaint for Claim and Delivery	Sheridan County, Montana		■ Pending □ On appeal □ Concluded			
Cin	cinnati Insurance Company, et	Arbitration	Circuit Court of Lake		■ Pending			
al.	v.	Proceedings	County, Illinois		☐ On appea	al		
	ra Sorenson-Venhost, et al. AR 747	Waukegan, IL 60085		60085	☐ Concluded			
	in 1 year before you filed for bankrupt ck all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		rty repossessed, f	oreclosed, garnis	hed, attached	, seized, or levied?		
Cre	ditor Name and Address	Describe the Property		Date		Value of the property		
		Explain what happened				property		
	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?							
	No Yes. Fill in the details.							
_	ditor Name and Address	Describe the action the creditor took		Date a	Date action was			
				taken				
	in 1 year before you filed for bankrupt t-appointed receiver, a custodian, or a		rty in the possess	ion of an assigned	e for the bene	fit of creditors, a		

Official Form 107

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Debtor 1 Sara K. Venhorst Document Page 39 of 52 Case number (if known)

Pai	t 5: List Certain Gifts and Contributions	<b>S</b>			
13.	Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift.	ıptcy,	did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person	)	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankru  No  Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a totation.	I value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	otal	Describe what you contributed	Dates you contributed	Value
Pai	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankrup or gambling?  No Yes. Fill in the details.	otcy o	r since you filed for bankruptcy, did you lose anyt	hing because of the	it, fire, other disaster,
	Describe the property you lost and how the loss occurred	Includ	ribe any insurance coverage for the loss e the amount that insurance has paid. List pending noce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pai	t 7: List Certain Payments or Transfers				
16.	consulted about seeking bankruptcy or p	repari	lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services required		rty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Magee Hartman, P.C. 444 North Cedar Lake Road Round Lake, IL 60073		Attorney Fees		\$1,100.00
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	itors o		or transfer any prope	rty to anyone who
	■ No				
	Yes. Fill in the details.			_	
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Debtor 1 Sara K. Venhorst

Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No						,	
	Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and v property transfer		payme	ibe any property or ents received or debts n exchange	Date transfer was made	
	Person's relationship to you						
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro		y property to a	self-settle	d trust or similar device	of which you are a	
	Yes. Fill in the details.						
	Name of trust	Description and v	alue of the prop	perty trans	sferred	Date Transfer was made	5
						maue	
Pa	t 8: List of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and St	orage Unit	S		
20.	Within 1 year before you filed for bankruptcy	y, were any financial ac	counts or instri	uments he	ld in your name, or for yo	our benefit, closed,	
	sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.						
	No						
	Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number instrument		unt or Date account was closed, sold, moved, or transferred		Last balance before closing o transfe	r
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, ar	ny safe dep	oosit box or other depos	itory for securities,	
	■ No						
	Yes. Fill in the details.						
		Maria alaa badaaa	1- 110	D	the contents	D (21)	
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe	the contents	Do you still have it?	
22.	Have you stored property in a storage unit of	r place other than your	home within 1	year befor	e you filed for bankrupto	cy?	
	No						
	Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	to it?	to it? Address (Number, Street, City,		the contents	Do you still have it?	
		,					
Pa	Identify Property You Hold or Control	for Someone Else					
23.	Do you hold or control any property that sor for someone.	neone else owns? Inclu	ude any propert	y you bori	rowed from, are storing f	or, or hold in trust	
	■ No □ Yes. Fill in the details.						
	Owner's Name	Where is the pres	nerty?	Describe	the property	Valu	e
	Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	ine property	valu	ď
Pai	tt 10: Give Details About Environmental Info	ormation					
or	the nurnose of Part 10, the following definition	ons anniv					

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Sara K. Venhorst

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

hazardous material, pollutant, contaminant, or similar term.							
Report all notices, releases, and proceedings that you know about, regardless of when they occurred.							
24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
	No						
	Yes. Fill in the details.						
		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
Hav	e you notified any governmental unit of	any release of hazardous material?					
	No Yes. Fill in the details.						
		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
Hav	e you been a party in any judicial or adn	ninistrative proceeding under any envi	ronn	nental law? Include settlements a	nd orders.		
■ No □ Yes. Fill in the details.							
		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case		
t 11:	Give Details About Your Business or	Connections to Any Business					
Wit	nin 4 years before you filed for bankrupt	cy, did you own a business or have an	y of	the following connections to any	business?		
	☐ A sole proprietor or self-employed in	n a trade, profession, or other activity,	eith	er full-time or part-time			
	☐ A partner in a partnership						
	☐ An officer, director, or managing ex	ecutive of a corporation					
	☐ An owner of at least 5% of the voting	g or equity securities of a corporation					
	No. None of the above applies. Go to F	Part 12.					
			<b>S.</b>				
		Describe the nature of the business					
		Name of accountant or bookkeeper		Dates business existed			
		cy, did you give a financial statement t	to an	nyone about your business? Inclu	de all financial		
	No						
	Yes. Fill in the details below.						
Name Address (Number, Street, City, State and ZIP Code)							
	Ort a Hass Nan Ad Hav Nan Ad Hav Bu Ca: Ca: With inst	ort all notices, releases, and proceedings that Has any governmental unit notified you that No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or admin No Yes. Fill in the details.  Case Title Case Number  Give Details About Your Business or Within 4 years before you filed for bankrupt A member of a limited liability comping A partner in a partnership An officer, director, or managing expands An owner of at least 5% of the voting No. None of the above applies. Go to Find Yes. Check all that apply above and fill Business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankrupt institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address	ort all notices, releases, and proceedings that you know about, regardless of wher Has any governmental unit notified you that you may be liable or potentially liable.  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or administrative proceeding under any envious No Yes. Fill in the details.  Case Title Case Number Case Number Case Number Address (Number, Street, City, State and ZIP Code)  A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnersh A partner in a partnership An officer, director, or managing executive of a corporation No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business Business Name Address (Number, Street, City, State and ZIP Code) No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business Business Name Address (Number, Street, City, State and ZIP Code) No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Within 2 years before you filed for bankruptcy, did you give a financial statement institutions, creditors, or other parties.	ort all notices, releases, and proceedings that you know about, regardless of when the Has any governmental unit notified you that you may be liable or potentially liable und No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Case Title Case Number  Case Number  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Title Give Details About Your Business or Connections to Any Business  Within 4 years before you filed for bankruptcy, did you own a business or have any of A nember of a limited liability company (LLC) or limited liability partnership (L A partner in a partnership L A partner in a partnership Case of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankruptcy, did you give a financial statement to an institutions, creditors, or other parties.  No  Yes. Fill in the details below.  Name  Date Issued	ort all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environment of the same your potential points.  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Court or agency Name Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Court or agency Name Address Number  Address Number  Name Address Number, Street, City, State and ZIP Code)  Name Address Number of the case  Nature of the case  Address of the volting or equity securities of a corporation  A partner in a partnership An officer, director, or managing executive of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Name of accountant or bookkeeper  Describe the nature of the business  Name of accountant or bookkeeper  Describe the nature of the business  Name of accountant or bookkeeper  Dates business existed  Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Inclusing institutions, creditors, or other parties.		

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 18-04616 Doc 1 Filed 02/21/18 Entered 02/21/18 10:18:30 Page 42 of 52 Case number (if known) Document

Debtor 1 Sara K. Venhorst

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sara K. Venhorst Signature of Debtor 2 Sara K. Venhorst Signature of Debtor 1

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

Date

■ No ☐ Yes

Date February 21, 2018

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this infor	mation to identify your	case:		
Debtor 1	Sara K. Venhorst			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
Casa numbar				
Case number (if known)				☐ Check if this is an amended filing
Official Fo		n for Indiv	riduals Filing Under Ch	napter 7 12/15
	ividual filing under cha e claims secured by yo	-	I out this form if:	
_			at avaired	
You must file th	ever is earlier, unless th	ithin 30 days after	or expired. you file your bankruptcy petition or by the e time for cause. You must also send cop	e date set for the meeting of creditors, ies to the creditors and lessors you list
	eople are filing togethe	r in a joint case, bo	th are equally responsible for supplying o	correct information. Both debtors must
	and accurate as possib our name and case nur		s needed, attach a separate sheet to this f	orm. On the top of any additional pages,
Part 1: List Y	our Creditors Who Hav	e Secured Claims		
•	•	art 1 of Schedule D	: Creditors Who Have Claims Secured by	Property (Official Form 106D), fill in the
information be Identify the cr	elow. editor and the property t	hat is collateral	What do you intend to do with the prop secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	Ally Financial		Surrender the property.	□ No
name:			☐ Retain the property and redeem it.	<b>-</b>
Description of	2044 Dadas Jaum	70 000	☐ Retain the property and enter into a	■ Yes
	2011 Dodge Journ miles	ey 70,000	Reaffirmation Agreement.	
property securing debt			☐ Retain the property and [explain]:	
	our Unexpired Persona			
in the information	on below. Do not list rea	al estate leases. Un		Unexpired Leases (Official Form 106G), fill effect; the lease period has not yet ended.
Tou may assum	e all ullexpireu persolia	ii property lease ii	the trustee does not assume it. 11 0.3.6.	§ 303(β)(2).
Describe your u	unexpired personal pro	perty leases		Will the lease be assumed?
Lessor's name:				□ No
Description of le Property:	ased			
. roporty.				☐ Yes
Lessor's name:				□ No
Description of le	ased			LI INO
Property:				☐ Yes
Lessor's name:				□ No

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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Debt	or 1	Sara K. Venhorst	Case number (if known)	
Desc	riptior	n of leased		
Prop	•	. 6, 19490	☐ Yes	
	or's na		□ No	
Prop		n of leased	☐ Yes	
	or's na		□ No	
Description of leased Property:		n of leased	☐ Yes	
Lessor's name: Description of leased Property:			□ No	
		Torleased	☐ Yes	
	or's na		□ No	
Prop		n of leased	☐ Yes	
Part	3:	Sign Below		
		alty of perjury, I declare that I have indica nat is subject to an unexpired lease.	ted my intention about any property of my estate that secures a debt and any perso	nal
X	/s/ S	ara K. Venhorst	x	
		K. Venhorst ature of Debtor 1	Signature of Debtor 2	
	Date	February 21, 2018	Date	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-04616 Doc 1 Filed 02/21/18 Entered 02/21/18 10:18:30 Desc Main Document Page 49 of 52

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Illinois

In re	Sara K. Venhorst		Case No					
		Debtor(s)	Chapter	7				
	DISCLOSURE OF COMP	PENSATION OF ATTO	RNEY FOR I	DEBTOR(S)				
C	ompensation paid to me within one year before the f	to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that ation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to red on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
	For legal services, I have agreed to accept		\$	2,000.00				
	Prior to the filing of this statement I have receiv			732.00				
	Balance Due		\$	1,268.00				
2. \$	<b>335.00</b> of the filing fee has been paid.							
3. T	The source of the compensation paid to me was:							
	■ Debtor □ Other (specify):							
4. T	The source of compensation to be paid to me is:							
	■ Debtor □ Other (specify):							
5. <b>I</b>	I have not agreed to share the above-disclosed co	ompensation with any other person	n unless they are me	mbers and associates of	f my law firm.			
[	☐ I have agreed to share the above-disclosed compo				aw firm. A			
6. I	in return for the above-disclosed fee, I have agreed to	o render legal service for all aspec	cts of the bankruptc	case, including:				
b c	Analysis of the debtor's financial situation, and representation and filing of any petition, schedules, Representation of the debtor at the meeting of crest. [Other provisions as needed]  Services under c, above, will be proving pose-petition services, also including and filing of reaffirmation agreements thereof.	statement of affairs and plan which ditors and confirmation hearing, a ided upon confirmation of w g negotiations with secured of	th may be required; and any adjourned h ritten post-petition creditors to redu	earings thereof; on fee agreement fo	r preparation			
7. B	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding.			ces, relief from sta	y actions or			
		CERTIFICATION						
	certify that the foregoing is a complete statement of ankruptcy proceeding.	any agreement or arrangement for	or payment to me fo	representation of the c	lebtor(s) in			
Fe	ebruary 21, 2018	/s/ James T. Mag	gee					
Do	ate	James T. Magee			_			
		Signature of Attorn Magee Hartman,						
		444 North Cedar						
		Round Lake, IL	60073					
		Name of law firm						

### **United States Bankruptcy Court** Northern District of Illinois

In re	Sara K. Venhorst		Case No.	
		Debtor(s)	Chapter	7
	VE	RIFICATION OF CREDITOR MA	TRIX	
		Number of Co	reditors:	12
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of creditor	s is true and	correct to the best of my
Date:	February 21, 2018	/s/ Sara K. Venhorst Sara K. Venhorst Signature of Debtor		

Ally Financial Attn: Bankruptcy P. O. Box 380901 Bloomington, MN 55438

AT&T Mobility c/o Afni P. O. Box 3097 Bloomington, IL 61702

College Of Lake County c/o Armor Systems Co. 1700 Kiefer Drive, #1 Zion, IL 60099

Commonwealth Edison c/o Contract Callers Inc. P. O. Box 3000 Augusta, GA 30903

Crowley Fleck PLLP P. O. Box 2529 Billings, MT 59103-2529

Federal Loan Servicing Attention: Bankruptcy P. O. Box 69184 Harrisburg, PA 17106

Lake County Acute Care LLP c/o Affiliate Asset Solutions 145 Technology Pkwy NW, #100 Peachtree Corners, GA 30092-2913

Lake Forest Pediatric Associates 917 Sherwood Drive Lake Bluff, IL 60044-2203

North Shore Medical, Ltd. 767 Park Avenue West, #110 Highland Park, IL 60035-2400

Ruth Clauson / Village of Gurnee c/o Thompson, Brody & Kaplan, LLP 161 North Clark Street, #3575 Chicago, IL 60601

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State of Wisconsin Clerk of Court 307 Main Street Black River Falls, WI 54615

Weigel Randolph M.D. c/o Lou Harris Company 1040 South Milwaukee Avenue Wheeling, IL 60090